

Report of working group 3: Specialist training and continuing medical education/professional development in the infection disciplines

S. Ragnar Norrby¹ and C. Carbon²

¹Swedish Institute for Infectious Disease Control, Solna, Sweden and ²Xavier Bichat School of Medicine, Paris, France

ABSTRACT

The European Union of Medical Specialists (UEMS) core curricula for training in infectious diseases and medical microbiology are adequate with the exception of one deficiency which is the absence of training in epidemiology, public health and infection control. Infectious disease curricula should include training in HIV, tuberculosis, hepatitis and sexually transmitted diseases. There is a need for a core curriculum in infection control. Infection control should have a basis in both medical microbiology and infectious diseases, and should become a specialty dealing with healthcare hygiene in hospitals, in outpatient clinics and also in institutions for the elderly. In the UK, a specialty training in infection is offered and includes internal medicine, clinical infectious diseases and medical microbiology for a total of 9 years. The UEMS should be contacted about the creation of a single specialty of infection, allowing for various degrees of sub-specialisation in infectious diseases or medical microbiology. It is unlikely that a European board examination validating the training of specialists will become a reality soon. Meanwhile, national systems should be created, documenting the content of the training and evaluating the quality of the training institutions. A medical specialist has a constant need for further education. This is generally a national matter, with requirements varying throughout Europe. It should be possible to accumulate continuing medical education/continuing professional development merits on a European level as well as on a national one. With the expansion of the European Union, it is important that the quality and content of specialist training can be verified and training curricula be harmonised. The UEMS should assist in this, in collaboration with scientific societies such as the ESCMID.

Keywords Continuing medical education, continuing professional development, UEMS

Clin Microbiol Infect 2005; 11 (Suppl. 1): 46–49

INTRODUCTION

Detailed curricula for specialist training are developed nationally. However, the Union of European Medical Specialists (UEMS) gives recommendations for the duration and general content of the training. Importantly, the UEMS is not an official organisation within the European Union (EU), but is organised by the medical associations of the EU member states. The EU has not, and most probably will not, regulate the implementation of training of medical specialists. However, the EU has proposed a European Parliament and Council Directive on the

recognition of professional qualifications (CMO(2002)119-C5-0113/2002-02/0061(COD)). That proposal, which initially stated that free movements between the EU member states should be allowed only for medical specialties recognised by all member states, is likely to be modified to allow free movements also for those specialties that are recognised only in some EU countries. However, it should be recognised that the rule of any right of free movements within Europe makes it difficult or impossible for a European country to question the quality of a specialist's training.

The UEMS has published Requirements for the Speciality of Infectious Diseases (<http://www.uems.be/infec-tr.htm>) and for Medical Microbiology (including bacteriology, mycology, virology and parasitology; http://nc.ibk.liu.se/uems_board/fellowship).

Corresponding author and reprint requests: S. Ragnar Norrby, Swedish Institute for Infectious Disease Control, SE16182 Solna, Sweden
E-mail: Ragnar.Norrby@smi.ki.se

In this overview, the requirements for training of specialists in infectious diseases, medical microbiology and infection control are discussed. We have also included a short section on the training of those who are already specialists. The statements given below were obtained from the discussion by participants of working group 3.

INFECTIOUS DISEASES

Infectious diseases is recognised as a medical specialty in most European countries. Noteworthy exceptions are Austria, Belgium and Spain. In France, the specialty is limited to hospital practice. In almost all countries, infectious diseases is a sub-specialty of internal medicine. Only a few countries, e.g., Finland, include infectious diseases as a sub-specialty of paediatrics. The training time is normally 4–5 years. At the Leuven workshop, the following conclusions were drawn on the training programmes for infectious diseases:

- The UEMS core curriculum is generally adequate for the infectious diseases including sub-specialty of internal medicine.
- The paediatric section of the UEMS should be approached with a recommendation for a sub-specialty of infectious diseases including paediatrics.
- A deficiency identified in the UEMS core curriculum is the lack of mention of the need for training in epidemiology and public health, fields that are of major importance for many specialists in infectious diseases.
- National curricula should be as consistent among nations as possible in order to facilitate movements of specialists within Europe and improve the quality of care.
- Curricula should include training in HIV, tuberculosis, hepatitis and sexually transmitted diseases, also in countries where such infections are normally handled by other medical specialties.
- Curricula should include training in infection control, particularly in countries where infection control is not a separate specialty (see below).

MEDICAL MICROBIOLOGY

Medical microbiology is a specialty in most European countries. Exceptions are Belgium and Portugal. In the northern and western parts of

Europe, most medical microbiologists are medical doctors. In southern and eastern Europe, it is not uncommon for medical microbiologists not to be medical doctors. The UEMS has placed medical microbiology within the section of medical biopathology. However, the UEMS curriculum for training in medical microbiology does not include haematology or chemistry. The curriculum is intended for training of medical doctors only, and no suggestions are given for training of microbiologists who do not have a medical education. The Leuven workshop conclusions on training in medical microbiology were as follows:

- The UEMS core curriculum is generally adequate for medical microbiology as a part of medical biopathology, with no requirements for training in chemistry or haematology.
- Since surveillance, e.g., of antibiotic susceptibility and of incidences and prevalences of microbial disease, often constitutes an important part of the work of a specialty in medical microbiology, epidemiology and public health should be included in the training.
- National curricula should be as consistent among nations as possible in order to facilitate movements of specialists within Europe and improve the quality of care.
- Curricula should include training in infection control, particularly in countries where infection control is not a separate specialty (see below).

INFECTION CONTROL

Infection control is a medical specialty only in Belgium. The UEMS does not have an organisation for infection control, but it is mentioned directly and indirectly in the core curricula for infectious diseases and medical microbiology. The organisation of infection control varies among the EU countries. The Leuven workshop recommendations for infection control were as follows:

- A core curriculum for training in infection control should be established.
- Infection control should be an integrated part of healthcare units, not only part of healthcare administrative systems.
- Training in infection control should include epidemiology and public health.
- Infection control should have a basis in both medical microbiology and infectious diseases.

- It is of major importance that infection control becomes a specialty dealing with healthcare hygiene, not only in hospitals but also in outpatient clinics and, particularly, in institutions caring for the elderly. In the latter institutions, basic education of the staff is often insufficient, which further emphasises the need for infection control assistance.

A SINGLE SPECIALTY IN INFECTION?

In the UK, a specialty training in infection is now offered and includes internal medicine, clinical infectious diseases and medical microbiology for a total of 9 years. The background is the success of the Department of Microbial Diseases in Nottingham and the (academic) Department of Infection in Birmingham. The Leuven recommendations on this issue were as follows:

- Consideration should be given to, and the UEMS should be contacted about, the creation of a single specialty of infection, including training in internal medicine or paediatrics, infectious diseases and medical microbiology.
- The curriculum for an infection specialty should allow for various degrees of sub-specialisation in infectious diseases or medical microbiology.

VALIDATION OF THE QUALITY OF SPECIALIST TRAINING

The validation of the training of a medical specialty varies considerably among European countries. Some countries, e.g., the UK, require board examination, while others, e.g., Sweden, have no requirement but provide voluntary examinations. The Leuven workshop recommendations were as follows:

- It is not likely that a system for European board examination of specialists will become a reality within the foreseeable future. The reasons for this are that not all European countries would require or even recognise such examinations, and that the system would be very difficult to set up and expensive to administer.
- Systems that document the content of the specialist training should be created nationally.
- It is of major importance to create systems that evaluate the quality of the training institutions.
- Research on competence-based assessments should be encouraged and supported.

CONTINUING EDUCATION

Everyone would agree that a medical specialist has a constant need for further education. In some countries, e.g., the USA, specialists are recertified at 7–10-years intervals. Other countries have formal requirements for documentation of continuing education.

The UEMS is also active in the regulation of continuing medical education (CME) or, as it is frequently called, continuous professional development (CPD). Again, this is generally a national matter, and the requirements for CME/CPD vary among the European countries, as do the mechanisms for accreditation of events for CME/CPD merits. For international meetings, the UEMS has created a European Accreditation Council for Continuing Medical Education (EACCME), which has issued a charter for CME in infectious diseases (<http://www.uems.be/infe-cme.htm>). Together with the European Society for Clinical Microbiology and Infectious Diseases (ESCMID), the EACCME has formed the European Board for the Accreditation of CME in the Field of Infectious Diseases (<http://www.escmid.org/sites/science/cme/index.asp>). The Leuven workshop had the following views on CME/CPD accreditation:

- It should be possible to accumulate CME/CPD credits at a European level as well as at a national one.
- Efforts to achieve mutual recognition among European countries are underway through the UEMS. Awaiting such agreements, accreditation must be sought through the UEMS as well as through national organisations for international events.

CONCLUSIONS

With the expansion of the EU, it is of major importance that the quality and content of specialist training can be verified. The easiest way to do so, especially in countries that do not have systems for board examinations, would be to systematically assess centres at which the training is offered. Curricula for the training should be harmonised between countries to the largest possible extent. The UEMS should assist in that harmonisation, in close collaboration with scientific societies such as the ESCMID.

Possibilities should be offered to achieve specialties in infectious diseases, medical microbiology, and infection control, as well as a single specialty of infection encompassing all of these

specialties. Training in the various infection specialties should always include epidemiology and public health.